

Please print legibly or type

Project Address

DEVELOPMENT SERVICES DEPARTMENT

BUILDING DIVISION

276 Fourth Avenue Chula Vista CA 91910

619-691-5272

619-58<u>5-568</u>1 FAX

Plan Check #

FORM 4607

ACCESSIBILITY – APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION

Owner		Telephone Include Area Code		
Applicant		Telephone Include Area Code		
s requested that the above named processibility, as specifically noted below		from the requirements of the	ne State of California Title 24	
construction cost at this tenar the valuation threshold amou	reption Applicable to existing at space over the last three yearnt. The specific accessibility feature and all the accessibility featurement.	ars does not exceed eatures that create a	Valuation Threshold Amount \$126,764.66 Valid until Januarv 2010	
Access Features Item Provide description below	Does this feature meet the latest edition of Title 24?	If not, is this feature going to be part of this permit?	If so, cost of making feature accessible? Attach documentation	
1. Path of travel to entrance			\$	
2. Entrance			\$	
 Path of travel within building/facility to area of remodel 			\$	
4. Elevator				
5. Sanitary facilities			\$	
6. Public Telephones If provided			\$	
7. Drinking fountains If provided			\$	
8. Other (Parking, etc.) Specify			\$	
	Total cost of access	s features provided (A)	\$	
Total cost of constr	uction of this project and all Over the last 3 years i	other work performed in this tenant space (B)	\$	
Percentage	of total cost of project (20%	minimum): A/B x 100%		

Alterations performed over ndividual remodel has alre-				pove unless 20% of valuation of
Permit Number	Date	Descript	ion	Valuation
3. SPECIFIC EXCEPTION This part is generally use				HAS BEEN COMPLETED e 24 provides an exemption
specific accessibility feat	tures.			
Exceptions Requested	d Cost Se	ction/Exception		king Features Attach Documentation
			\$	
			\$	
	<u> </u>		\$	
			Total \$	
Description				
The Cost of all construction	contemplated is \$			
he access feature increas		-		
	sibility of the project if the	requested exception is i	not approved is	

The following individuals provided information listed above Architect/Designer Owner/Tenant Address Address City Zip Code City State Zip Code State Signature Required Date Signature Required Date FOR CITY USE ONLY DATE RECEIVED **RECEIVED BY** Findings and decisions of the Enforcing Official □ Request Granted ☐ General Unreasonable Hardship Exception request is approved based on Section 1134B.2.1 of Title 24. Access Features listed in part A of this form shall be provided as part of this permit. □ Specific Exception(s) request is approval based on Section (s) ______. All other access features shall be provided as specified in Title 24. ☐ Ratification required. This decision must be ratified by the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request. ☐ Request denied. If you disagree with this determination, you may seek an appeal through the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request Name of enforcing official please print Signature of enforcing official Date